

Challenge TB - Ethiopia


Year 2

Quarterly Monitoring Report

January 1 - March 31 2016

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World TB Day commemoration, March 24th, 2016, Dire Dawa youth march band

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Cover photo:

A plenary session at TB research conference chaired by Dr. Yared Kebede (USAID/Infectious Diseases advisor, Left) with presentations by Dr. Tesfamariam Mebratu (AHRI/clinical trial coordinator) and 'Dr Christian Lienhardt (WHO-Geneva/ guest speaker of the event), March 21st-24th, 2016, Dire Dawa, Ethiopia. Photo was taken by Anteneh Tesfaye, communication officer, Challenge TB

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1. Quarterly Overview

Country	Ethiopia
Lead Partner	KNCV
Other partners	MSH and WHO
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements:

Sub-objective 1: Enabling Environment

To address the challenging issue of TB among prisoners in Ethiopia, CTB regional staff in SNNPR and Tigray carried out a TB situation assessment last quarter. This quarter, CTB presented the findings at a sensitization workshop, strengthened linkages between 45 regional health bureau and prison administrative staff (38M, 7F), and provided comprehensive TBL and TB/HIV training for 24 prison health workers (18M, 6F) to better serve around 23,000 prison population in the 20 prison facilities in both SNNPR and Tigray regions. Action points developed as a result of the situation assessment are now being implemented, and CTB will incorporate the newly updated national TBL and TB/HIV guidelines, which specifically address prison TB control in the country.

Though it was a lengthy process to finalize work plan development, it was done in a satisfactory manner to all stakeholders (USAID, PMU and coalition partners). This activity can be considered as a success given the complexity of accommodating the interests of all the stakeholders. Furthermore, it was a process in which a great deal of partnership was observed.

Sub-objective 2: Comprehensive, high quality diagnostics

Quality assured AFB microscopy serves as critical entry point for the diagnosis of TB and monitoring of treatment. AFB microscopy requires careful technique, staff motivation, and supervisory oversight to attain the maximum performance possible for this test. In order to build local capacity in this regard, a CTB international consultant provided short-term technical assistance on TB microscopy network accreditation from March 13th-19th, 2016 in the two CTB-supported regional laboratories in Tigray and SNNPR. The consultant trained 18 (15 M, 3 F) regional staff on the appropriate use of GLI assessment tools for TB microscopy network accreditation. The training comprised both theoretical and practical simulation on the assessment checklists designed for assessing the central (National), intermediate (Regional Laboratories and EQA centers) and peripheral laboratories and focused on four areas of the AFB microscopy network accreditation tool: 1) policies, guidelines and support for the network; 2) implementation of policies and technical execution of tests by quality services; 3) external quality assurance procedures; and 4) guidelines on linkage to a referral system for more advanced tests. The TA was useful as the tool is new to Ethiopia by training and creating awareness to national and regional labs. The next step is to do assessment using the tool, then select facilities to implement and assist them to meet as per the GLI standards in CTB supported regions.

In addition, CTB conducted an EQA onsite assessment in a total of 40 health facilities in the two CTB-supported zones of SNNPR. The assessment was conducted from February 21st to March 5th, 2016 and February 21st to March 11th, 2016 in Gedeo and Gamogofa zones. Major findings of the assessment (administrative and technical) have been addressed onsite and also forwarding issues/gaps to the responsible woreda & health facilities head. Major gaps identified were: shortage of proper rooms, power interruption, lack of water supply, low coverage of training of lab personnel especially for FM microscopy, weak EQA participation of health facilities, underutilization of Xpert, etc. CTB will continue to support (technical & financial) in monitoring action plans and progress during the regular supportive supervision and has a plan to continue providing trainings and decentralizing EQA.

To build the national capacity on culture and DST and establish a Centre of Excellence (CoE), CTB supported four laboratory staff (2 from EPHI, 1 from ALERT and 1 CTB lab staff) to participate in

a hands-on training on first- and second-line DST at the Uganda supranational reference lab for two weeks. The team will make use of lessons learned in improving the NRL in providing SLD culture and DST services by sharing their knowledge to their peers. The NRL is under validation for SLD DST for which the knowledge acquired through this training will be useful.

Sub-objective 3: Patient-centered care and treatment

Community TB care is one of the key strategies to improve access and patient centeredness in the TB control and prevention program. Building the capacity of the zonal and woreda staff has crucial importance to effectively implement and monitor Community TB Care activities in the region. Therefore, KNCV, in collaboration with SNNP regional health bureau, has organized and conducted TOT on TBL and TB/HIV Integrated Refresher Training (IRT) for a total of 48 (46 M, 2 F) staff from the zonal health departments and special woreda health offices (February 23rd-28th, 2016). The training will be further cascaded to all health extension workers and their supervisors in the region. This would help in achieving the expected target of 80% contribution of TB case detection by the health extension program through the CBTC activities. The NTP provides emphasis to CBTC using the opportunity of strong Health Extension Program in the country by setting a target as high as 80% contribution from the community.

Sub-objective 5: Infection control

A KNCV consultant conducted a comprehensive TB-IC package assessment, which will ensure best practices including the use and maintenance of Germicidal UV (GUV) in ALERT and St Peter's hospitals as MDR/XDR-TB Centers of Excellence and other MDR-TB Treatment Initiation Centers (TICs) and Follow-up Centers (TFCs) in the country. This STTA has also contributed to providing advice on the Contact Investigation (CI) strategy for household and close contacts of drug-resistant TB (DR-TB) patients. The recommendations have been taken up and incorporated in the expanded CTB plan and interventions. In addition, an operational research protocol has been developed titled "Households and community hot-spots of MDR-TB transmission: Assessment of TB infection control status in SNNPR." The evidence generated will be used to guide community-level TB infection control implementation in the region.

Sub-objective 9. Drug and commodity management systems

QuantB is an electronic forecasting, quantification, and early warning tool designed to improve procurement processes, ordering, and planning for TB treatment. When used on a regular basis, QuantB serves as an early warning mechanism, providing information on actual versus planned consumption, impending expiries, and stock-outs of medicines. The Federal Ministry of Health (FMOH), in collaboration a GLC/GDF mission, conducted a national quantification exercise for anti-TB drugs using the QuantB tool from March 8th-12th, 2016. CTB DSM technical advisor was a co-trainer alongside the international TA in which. Six staff from Tigray and SNNPR regional health Bureaus participated in the event. Furthermore, the FMOH with technical assistance from CTB has conducted quantification using QuantBtool which resulted in cancelation of two shipments for SLD, place emergency order of INH for both adult and pediatric as well as cancelation of Ethambutol-100mg due to overstock.

Moreover, management of second line TB drugs (SLDs) for health facility staff of pharmacy professionals and MDR TB focal persons, 35 (20 M, 15 F) from all Treatment Initiating Centers (TICs) in Tigray were trained from March 3rd-5th, 2016 in order to improve the SLDs management at health facility level so that unforeseen stock outs or expiry of SLD will be avoided.

Sub-objective 10: Quality data, surveillance and M & E

The 11th annual national TB research conference and World TB day were successfully commemorated in Dire Dawa City Administrative, from March 21st-24th, 2016. The events were organized by NTP/FMoH, Dire Dawa regional health bureau, Dire Dawa University and Haromaya University with technical and financial support from CTB and other partners working on TB and TB/HIV (see attached report). CTB will continue technical and financial support to TRAC for enhanced TB research, support the dissemination of results and use of the generated evidence to improve the efforts of TB control program in the country.

Technical/administrative challenges and actions to overcome them:

Low utilization of funds due to the following reasons:

- The regional offices are waiting for the MoU to be signed between KNCV as lead partner of USAID/CTB project and their respective region or MoH. This is still pending as the issue of tripartite agreement is not yet resolved (being discussed at USAID mission);
- Project started in March 2015 during APA 1 (only 7 months of the year for implementation);
- Office establishment and recruitment of regional staff in SNNPR, Tray and Urban team took place till June 2015;
- The planning process of expanded challenge TB was lengthy and compromised implementation in some activities.
- Transition to expanded CTB has affected recruitment of staff as absorbing some experienced staff from HEAL TB is anticipated.

The recently approved work plan was developed to implement activities in accelerated manner as the number of staff and geographic coverage increased significantly (the approved Work plan is available on the cloud). The recently approved work plan is for the coming 18 month which will give us a prolonged implementation period without interruption due to APA-3 planning exercise.

Technical Challenge

Delay in getting report from the NTP and Regional Health Bureau affects CTB reporting. The report usually delays by more than a quarter. Quality of data is a concern in all programmatic areas mainly in PMDT.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones met by Q2 (cumulative for Oct 15 - Mar 16)		Milestones partially met by Q2 (cumulative for Oct 15 - Mar 16)		Milestones not met by Q2 (cumulative for Oct 15 - Mar 16)	
N	#	%	#	%	#	%
70 (N/A = 11)	38/59	64%	6/59	10%	15/59	25%

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015 -Mar 2016		
Assist development of National Prison TB protocol/Guide	1.1.1	National consultative workshop conducted & prison TB guide development started	Prison TB care implementation guide /protocol drafted	Prison TB care protocol finalized	Prison TB care implementation guide printed/distributed launching done	Correctional facilities and congregate setting SOP developed & prison TB addressed in the new revised TBL and TB/HIV guideline	Met	A consultative workshop will be held in April 2016 to finalize SOP. NB. A separate prison TB guide is not going to be developed
Assist implementation of Prison TB in CTB supported regions	1.1.2	Assessment of prison TB service in selected areas of CTB supported regions, develop action plan	Implementation started in CTB regions (Train, SS & RM on prison TB service)	Continued implementation support (SS, RM, etc)	Assess implementation outcome based on case notified per prisons supported	Capacity building activities, e.g. sensitization workshop (45, F=7), training of (24, F=6) prison HCWs in SNNPR and for (12, F=7) prison HCW in Tigray conducted.	Met	
Support IEC/BCC activities (community awareness, engagement, & stigma reduction activities/campaigns) *Media, IEC material coverage and support, Support the HEP in strengthening CTBC that enables active case finding and enhance cure) and measure patient delay in selected areas	1.3.1	Develop protocol to measure patient delay; review/draft available IEC material	Develop /adopt targeted IEC material & sponsor local media for TB message; pt delay assessment started	Sponsor TB message broadcasting; IEC material print & distribute; pts delay measured	Patient delay measured & shared, and action plan developed	There are enough studies conducted on patient & provider delay in the country, a review of all relevant studies has been done (report available). Targeted IEC material (TB message leaflet & shirts) has been prepared and distributed during the commemoration of World TB day	Met	
							Choose an item.	

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Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support finalization of national TB lab strategic plan with complete rational mapping of diagnostic services	2.1.1	National consultative workshop conducted	Finalize TB lab strategic plan, printed and distributed	Sensitization training in CTB regions done on the revised strategic plan	Sensitization training in CTB regions done on the revised strategic plan	TB lab strategic plan not yet fully developed (costing part is not yet done).	Not met	Competing priorities for the national reference lab.
Local Capacity Building on Smear Microscopy service/ ZN and FM in CTB regions	2.1.2	TOT on AFB microscopy conducted, R & R formats printed, distributed	Trainings cascaded in CTB regions. Procure 70 LED microscope	Support in conducting regular regional SS & RM	Support in conducting regular regional SS & RM	Training on AFB microscopy using Ziehl-Nelson (ZN) and FM for lab professionals of health facilities in SNNPR was conducted from February 1 st -7 th , 2016. The main objective was to build human resource capacity to improve the quality of FM& ZN AFB microscopy in the region. A total of 30 staff (F=7) from Gedeo, Gamogofa, Kaffa and Seggen zones have attended the training. Procured 70 LED microscopes and distribution plan finalized	Met	
Strengthen the TB Microscopy EQA activities	2.2.1	Provide TA in finalizing the national EQA guideline. Support the printing of 2,000 EQA	Support the decentralization of EQA service in the two regions (mentorship of EQA	Follow up of progress in decentralizing EQA service (proportion of labs included	Follow up of progress in decentralizing EQA service (proportion of labs included	Addis Ababa, Dire Dawa and Harari were assessed for EQA service expansion. In A.A hospitals (6) are already EQA centers and both ALERT and St Peter are planned to serve their	Met	

		guideline; Organize TOT on EQA in CTB supported regions	supervisors, support RM & SS)	in EQA)	in EQA)	<p>network. Dire Dawa and Harari health facilities are few in number and the EQA is regulated by their respective RRL. In Tigray decentralization to 8 hospitals to cover all AFB centers have been done.</p> <p>An EQA onsite assessment was conducted in two CTB zones of SNNPR, from Feb 21st to Mar 5th, 2016 and Feb 21st to Mar 11th, 2016 in Gedeo and Gamogofa zones. A total of 40 health facilities were covered.</p>		
Support the AFB Smear Microscopy network accreditation plan development and implementation	2.2.2	Support the organization of national consultative meeting on AFB lab network accreditation plan (international STTA)	Finalize action plan, support implementation in CTB regions	Support & monitor implementation	Support & monitor implementation (number of TB microscopy network standards met)	STTA done by a senior lab technical advisor and consultant for MSH in SNNPR and Tigray regional reference lab on TB microscopy network accreditation. The major objectives of the STTA: to create awareness on the concept of the TB microscopy network accreditation, train local lab staff on the appropriate use of GLI assessment tools for TB microscopy network accreditation and share experience of other countries on the subject. In SNNPR a total of ten participants including CTB laboratory advisors have attended the sessions.	Partially met	Full report of STTA submitted
National and regional level capacity building on TB culture for identification and	2.3.1	Organize training on identification	Support regular joint SS from NRL to	Monitor proportion of tested &	Monitor proportion of tested &		Not met	Due to National TB lab staff shortage, both SS & training were postponed to the next quarter.

DST		& culture for regional ref lab	RRLs	bacteriologically confirmed in RRLs	bacteriologically confirmed in RRLs			
Support SLD DST	2.3.2	Support the training of NRL staff in SLD DST; and the shipment of isolates (XDR suspects) to SRL	TA on implementation of testing other drugs SLD (other than the current drugs)	Support and monitor the implementation of other drugs SLD	National capacity on SLD of NRL ensured	Four staff from EPHI, ALERT and CTB trained at Uganda SNRL on SLD DST.	Met	The STTA was modified to be distant support on recruitment of senior lab advisor (JD, selection, interview etc.); negative pressure installation specification for St Peter renovated culture lab.
Build national and regional capacity for maintenance of laboratory equipment	2.3.3	Support attachment of biomed engineers to build regional capacity	In collaboration with ALERT Support the capacity of St Peter maintenance workshop	Procure equipments that are necessary for maintenance	CTB supported regions have equipment maintenance capacity	Hands on training and attachment of four biomedical engineers (two at St Peter and two at ALERT) on TB lab equipment maintenance was conducted at AHRI Lab for two weeks.	Met	
Support the implementation of lab QMS at National & Regional TB culture labs including supporting SLIPTA	2.3.4	Support international training of NRL & RRLs staff on QMS	Organize national workshop on LQMS & training on SLIPTA for national & regional lab staff	Organize QMS training for quality officers, support SLMTA evaluation document preparation & finalization	Monitor implementation of LQMS (number / percent of RRL implementing QMS)	Not done (planned for April - June 2016).	N/A	The course schedule for the training on laboratory Quality Management and the WHO LQMS tools is in April 18 th to 22 nd , 2016. This training is cancelled during the 18 month work plan activity prioritization.
Technical and material support for national and regional TB reference laboratories for national and international accreditation (focus on ALERT and St. Peter)	2.3.5	Office materials procured & TA provided on QMS for NRL, ALERT & ST Peter labs	TA support for application of accreditation of the NRL	Provide support in conducting SLIPTA audits in RRLs	LQMS implemented at NRL, ALERT & St Peter labs	Not done	N/A	Please note 2.3.2 (TA support is going to be distant. In the recently approved work plan, there will be a senior TB advisor (possibly an expat) to provide LTTA. Hence, no need of providing STTA visit for this purpose.

Local Capacity Building on GeneXpert MTB/RIF diagnostic technology	2.4.1	Sensitization workshop for HCWs conducted; training on Xpert for lab staff conducted	Procure five Xpert, 21 stabilizers & 21 calibration kit	SS & mentorship done in CTB regions	SS & mentorship done in CTB regions	Procurement of 17 inverter initiated (5 of them to be tested in the first phase as per the EPHI request)	Partially met	Ethiopia Team: Other procurements will continue in subsequent quarters. Procurement plan will be revised according to the recently approved WP.
Strengthen the sample transport system for Culture/DST and GeneXpert services	2.6.1	Organize in the two regions review meeting on sample transportation	conduct sensitization workshop for the postal personnel's on sample transportation in both regions			Orientation given to postal officers on sample transportation in Tigray The orientation	Met	TBIC in transporting samples, safety of samples, avoiding delay in transporting, proper labeling, tracking logistics ultimately adequate and quality sample reached to referral labs.



Photo3. SNNP lab staff training (theoretical & practical sessions) on smear preparation, staining and microscopic reading

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support implementation of Childhood TB roadmap	3.1.1	Finalize the national training, job aid and monitoring tools for childhood TB care	Pilot an integrated child TB care in IMNCI clinics in selected PHCU of A.A	support regular joint monitoring and SS for pilot HFs	Report on progress and lessons learned	Implementation protocol developed	Partially met	Competing priorities for NTP/RHB delayed implementation. Discussed with RHB TB team & consensus built on priority areas, implementation will start in Q3.
Strengthen a national panel of experts on PMDT	3.1.2	Develop a TOR on panels of expert	Conduct regular clinical review meeting	Conduct regular clinical review meeting	Conduct regular clinical review meeting	Not done	Not met	Expert meeting was not conducted due to national expert team engaged on revision of TB/HIV manual. CTB will follow up and support the regular conduct of expert meeting.
Strengthen TB/HIV collaborative activities at all levels	3.1.3	Support Joint SS in the CTB regions	Support & participate in the biannual NTP & CTB regions review meeting	Continue joint SS conducted in the CTB regions	TB/HIV indicators progress assessed (IPT & ART for PLHIV) in the CTB regions	The annual National RM conducted from March 25 th -27 th , 2016. This is part of the regular supportive supervision and mentorship activity.	Met	
Provide TA at national level in dev't of protocol/tool CBTC in Pastoralist & rural settings and assist in impl'n rural communities in two regions (GF Supported activity)	3.1.4	Actively participate in the protocol development of CBTC	Identify areas of support and assist CBTC impl'n	CBTC implemented and monitored	CBTC implemented and monitored	Financially and technically supported the conduct of national TOT on IRT and regional community TB assessment in the zones and woreda of SNNPR and Tigray regions. Technically supported finalization of community IRT material on TB.As part of the regional	Met	

						start up activity CTB supported IRT TOT training in SNNPR.		
Support Implement'n strategy/approaches to improve TB case detection in urban slum (Map slum areas, areas of homeless people, Identify local charity shelters with vulnerable groups (elderly, orphanage ...), Identify work places with potential TB transmission)	3.1.5	Organize launching & consultative workshop, conduct assessment /mapping & prioritization done	Capacity building started (train, monitor, SOP, job aids, etc)	Support joint SS and RM on urban TB	Continue supporting targeted urban TB intervention areas	Official launching of CTB project & situational assessment has been conducted for urban settings (Addis Ababa, Dire Dawa and Harari towns) in this quarter, though it was planned in Q1.	Not met	Assessment interrupted in Harar because of security problem. Programmatic support/capacity building (training, etc.) couldn't be done due to delayed MoU signing, at the moment the signing of MoU is very much protracted which affected the regional interventions.
Adopt Standard of Care for routine monitoring of access to quality care	3.2.1	Support the national task force/TWG in drafting SOC tool	Finalize SOC tool, RHBs sensitized and supported in using the (SOC)	SOC monitored in selected zones	SOC monitored in selected zones	QUALTB developed by CTB is part of the regular supportive supervision and mentoring tool in SNNPR and Tigray.	Met	Report using QualTB tool of CTB supported regions attached
Cohort review for MDR-TB cases	3.2.2	Build capacity of data officers, PMDT team on cohort review (sensitize, adopt quarterly review tool)	regular cohort review conducted	regular cohort review conducted	regular cohort review conducted	Regular catchment area meeting and orientation on quarterly cohort analysis was conducted in three TICs in SNNPR and Addis Ababa.	Met	
Assist implement routine hearing testing for MDR-TB patients; in development and implementation of drug toxicity monitoring system	3.2.3	Start procurement process of two audiometry	Procure audiometry	Capacity building of local staff & follow up of ADR	Follow up of ADR	Not done	Not met	Under discussion with a company called EMOYO in South Africa to procure and install the KUDU wave system of audiometry taking the experience of KNCV/Botswana
Patient support	3.2.4	Organize a forum to discuss and advocate on pts support	Minimum / basic pts support package standardized	Assist in selected sites with minimum pts support	Assist in selected sites with minimum pts support package	A one day workshop on pt support was conducted in Tigray by bringing all TICs and RHB.	Met	Patient support is nationally standardized & CTB supporting the regional standardization process

				package				
Support ALERT & St Peter to be CoEs for TB, MDR TB & X-DR TB clinical care	3.2.5	CoE defined and capacity building started (e.g. functional lab, etc.)	Continued capacity building, regular SS, mentorship conducted	STTA done to monitor capacity building progress	at least one CoE established, functional	Still under discussion to finalize the negative pressure installation for St. Peter and the item for the lab at AHRI/ALERT are under process procured by AHRI. Conducted CAM & cohort review analysis orientation	Met	
support implementation and scale up of new drug regimen and monitoring system	3.2.6	Do comparative Assessment on quality of work between pts on regular PMDT & STREAM trial	Training on PMDT in relation with the shorter regimen	Mentorship to selected sites	Mentorship to selected sites	New drug regimen implementation guide drafted	N/A	The short regimen was not taken as priority by NTP considering the presence of STREAM trial in the country. Nationally drafted a programmatic introduction & use of new anti-TB and re-purposed drugs for the management of MDR-TB in the country. Therefore, milestones will be revised for the expanded CTB support.
Support PMDT in the two rural and urban region	3.2.7	regional PMDT team supported in conducting regular cohort review, et	regional PMDT team supported in conducting regular cohort review, etc	regional PMDT team supported in conducting regular cohort review, etc Conduct Trainings	regional PMDT team supported in conducting regular cohort review, etc	Regular catchment area meeting and quarterly cohort analysis in SNNPR (Yirgalem, Arba Minch and Hossana hospitals) and Addis Ababa was conducted.	Met	

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Improve Contact Investigations (CI) in the two regions and urban settings (PLHIV/children)	4.1.1	Sensitize & support the implementation of CI through regular SS & job aids	translate, print, distribute IEC material to improve awareness & demand for the service	SS, RM & mentorship of TB clinic staff on CI	SS, RM & mentorship of TB clinic staff on CI	There is IEC material on CI for children under 5 years which was already developed during TB CARE support (planned to re-print & avail it to regions).	Not met	Translation and printing will be done in Q3. This activity should be aligned with timeline of regional HB and their engagement need more time as they are many, and CTB team engaged in competing activities (transition to expanded CTB)
Provide IPT for <5 household contacts of bacteriologically confirmed index patients in the two regions	4.1.2	Support the availability of job aids, SOPs & monitoring tools for IPT <5yrs	Support joint regular SS and mentorship on IPT for <5yrs contacts	Routine monitoring done on IPT for <5 yrs contact	Assess proportion of children <5yrs on IPT from demonstration HFs	Done during the regular SS and mentoring visit by the regional team.	Met	
Assist development of ACF strategy & guide	4.2.1	* Risk Prioritization done using WHO tool Support in conducting consultative meetings on ACF	Finalize ACF strategy for key population	Support the implementation of ACF in as per strategy developed	Support the implementation of ACF in as per strategy developed	Not done	Not met	No progress due to competing priorities for the NTP.
							Choose an item.	
							Choose an item.	

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Assist in implementation & monitoring of TBIC at selected HFs &congregate setting	5.1.1	Develop protocol for HH of MDR-TB pts assessment	Assessment started	Assessment finalized and share findings	action plan developed (for APA3) to address infection control at HH level	Facility level SS and mentoring started using the QUALTB tool.	Met	Protocol developed : "Households and Community hot-spots of MDR-TB transmission: assessment of TB infection control status in SNNPR" (waiting for ethical approval)
Provide comprehensive TB-IC package support and ensure best practices and support the use of UVGI in ALERT and St Peter's hospitals as MDR/XDR-TB Centers of Excellence	5.1.2	STTA conducted & areas of support identified	Procurement of identified equipment & commodities	Train & install equipments	Monitor implementation	Procurement not initiated	N/A	The STTA recommendation is against to the planned to install UVGI at MDR-TB facilities, therefore, UVGI procurement is cancelled.
Assist in implementation of Clean & Safe Health Facility (CASH) initiative in TB and MDR TB clinics of selected sites	5.1.3	Assess opportunity to strengthen TB IC implementation at ST Peter	Continued support TB IC based on recommendation of assessment	Continued support TB IC based on recommendation of assessment	Best practice identified & shared	The suggestion is that CASH initiative will not help much in this regard as it does not have a component to address TBIC.	N/A	The possibility of using CASH initiative to integrate TBIC activity was assessed during STTA by Max and Edward.
Sensitize the two agrarian regions to monitor and accurately report on TB disease among HCW	5.2.1	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	This is done during the routine supportive supervision visit.	Met	
Demonstrate Integration of TBIC in implementing IP chapter of Ethiopia's Hospital Reform in	5.2.2	draft protocol for active surveillance in	Continued protocol development (e.g.	Implementation of the protocol in selected	Follow up of implementation of the protocol in	The possibility of using EHRIG initiative to integrate TBIC activity was assessed during	Met	The suggestion is to integrate the 10 TBIC standard in the EHRIG guideline during the

selected sites (OR context)		collaboration with selected hospital management	consensus building, etc)	hospitals	selected hospitals	STTA by Max and Edward.		revision process
Capacity building for CSO/professional association members on TBIC	5.2.3	CSO identified in CTB supported regions	Capacity building for selected CSO (TB CARE experience)	Follow up of implementation done	Follow up of implementation done	CTB supported the Ethiopian thoracic society during the annual conference to address MDR-TB as an agenda with specific focus to strengthen the Surgical support for MDR-TB patients.	Met	

Sub-objective 6. Management of latent TB infection

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Jan-Mar 2016		
support implantation of "accelerated IPT implementation plan" for PLHIV in high volume facilities	6.1.1	High volume HFs in CTB regions identified, INH availability ensured	Targeted sensitization on IPT conducted			Not done	Not met	This has not been done due to competing priorities at regional level. CTB regional team trying to lobby RHB TB team to prioritize this activity.
scale up IPT for eligible U-5,	6.1.2		Ref to 4.1				N/A	
							Choose an item.	
							Choose an item.	
							Choose an item.	

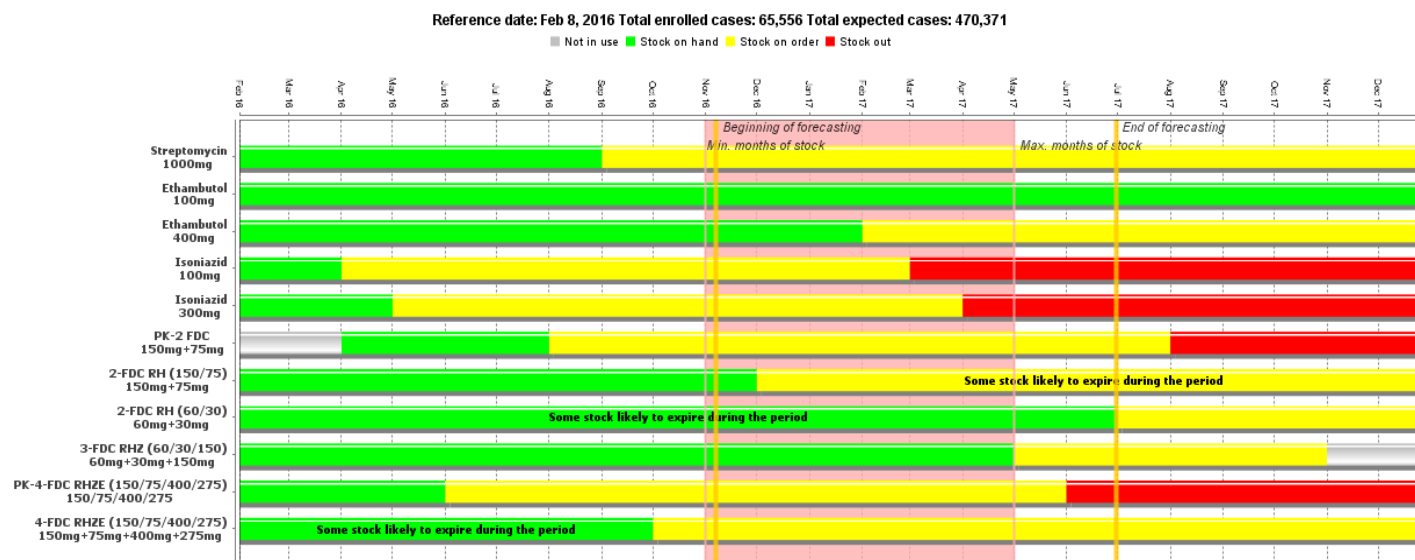
Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Standardize monitoring tools for TB control program implementation	7.3.1	Consultative meeting held	Standardized checklist developed			Draft TB and TB/HIV supportive supervision checklist developed.	Partially met	Draft standard checklist developed and this checklist will be discussed and finalized during the TB/VIV TWG meeting in 3rd quarter
Support the NTP to strengthen monitoring of the TB program implementation	7.3.2		supervisory visit conducted		supervisory visit conducted		Not met	National level joint TB and TB/HIV supportive supervision is planned to be conducted in 3rd quarter.
Support the NTP to strengthen monitoring of the TB program implementation	7.3.3		National Semi-annual review meeting conducted		Annual national review meeting supported.	National semi-annual TB and TB/HIV review meeting conducted	Met	This is done both nationally in combination with TRAC and world TB day.
Support Regional level supportive supervision	7.3.4		supervision conducted	supervision conducted	supervision conducted	Supportive supervision conducted in SNNP and Tigray regions.	Met	WHO supported and participated on the Joint supportive supervision conducted in SNNPR. In Tigray regions, the supervision was done by WHO regional TB officer.
Support regional level TB program review meetings	7.3.5		Review meeting conducted		Review meeting conducted	Regional level TB program review meeting conducted in both SNNP and Tigray regions.	Met	This is done both in the two region
Support participation of the NTP on international TB conference	7.2.1		NTP participated on conference				Met	Supported the participation of four persons to participate in the Union Conference in Cape Town: two from Addis Ababa & Amhara regional labs authors presented their findings. Two CTB staff participated as well.

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Jan-Mar 2016		
Support NTP in developing TOR for national coordinating bodies	8.1.1	Draft TOR developed	consultative workshop conducted and TOR finalized			TOR finalized	Met	
Support NTP in revitalizing the existing coordinating bodies	8.1.2		TWG meeting conducted			TWG meeting conducted	Met	
Conduct quarterly TWG meeting at national level	8.1.3		quarterly TWG meetings held			TWG meeting conducted	Met	
Coordination to support GF grant implementation	8.2.1		oversight committee monitoring visits supported				Not met	CCM/E postponed the oversight committee monitoring visits.
Conduct consultative workshop for the revision of TB IRT module	8.2.2		Consultative Workshop held			IRT module revised, consultative workshop held, TOT conducted	Met	

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Jan-Mar 2016		
Support NTP in Forecasting & Quantification of anti-TB drugs & lab commodities	9.1.1		Review of Forecasting& quantification exercises done in previous years.			National anti TB pharmaceuticals quantification and supply planning exercise was conducted in Jan 25 th – 26 th , 2016. The previous supply plan was revised and a new 6 month supply	Met	

						plan was developed.		
TB Patient Kit implementation	9.1.2	TB PK implementation status at HF assessed	Job Aid on the use of TB PKs at HF available.			A job aid on the use of TB Patient Kits Use at Health Facilities was finalized and a PR for printing the tool was prepared and submitted to procurement unit.	Partially met	Print job aids and distribute to all health facilities
Strengthen IPLS implementation	9.1.3	IPLS implementation status assessed	Updated LMIS tool available.			The LMIS tool available at Health facility level.	Met	
support pharmacy HR capacity building in the management of TB DSM esp. management of SLDs	9.1.4	Training need on the management of SLDs assessed	MDR treatment sites send their report and consumption (requisition) to PFSA and RHBs regularly.			Training on the management of second line TB drugs (SLDs) at health facilities was provided to pharmacy professionals and MDR TB focal persons from all the TICs in Tigray from 3 rd -5 th March, 2016 at Axum Hotel, Mekelle. The main goal of the training was to improve the SLDs management at these health facilities as per the national guideline. A total of 35 (F-15) participants have attended the event.	Met	Participated on a national training on TB PSM from March 12 th -16 th , 2016 at Bishoftu town. The training mainly focused on the use of QuanTB tool for quantification of anti-TB drugs. It was organized by the GLC/GDF mission. CTB has supported the training technically. 6 Staff from Tigray and SNNPR were also trained on the tool. Finally we revised the national supply plan of anti-TB drugs both FLDs and SLDs using the tool.
Support integration of TB commodities into auditable pharmaceutical transactions and services (APTS) system in selected regional Hospitals	9.1.5	Facilities for the implementation of APTS selected.	APTS implementation which incorporates TB drugs started at the selected HF.			Not done	Not met	This has not been done due to competing priorities of RHB.
Support and Conduct supportive Supervision on TB DSM	9.1.1					Conducted as part of the regular SS and mentoring visit.	Met	

							Choose an item.	



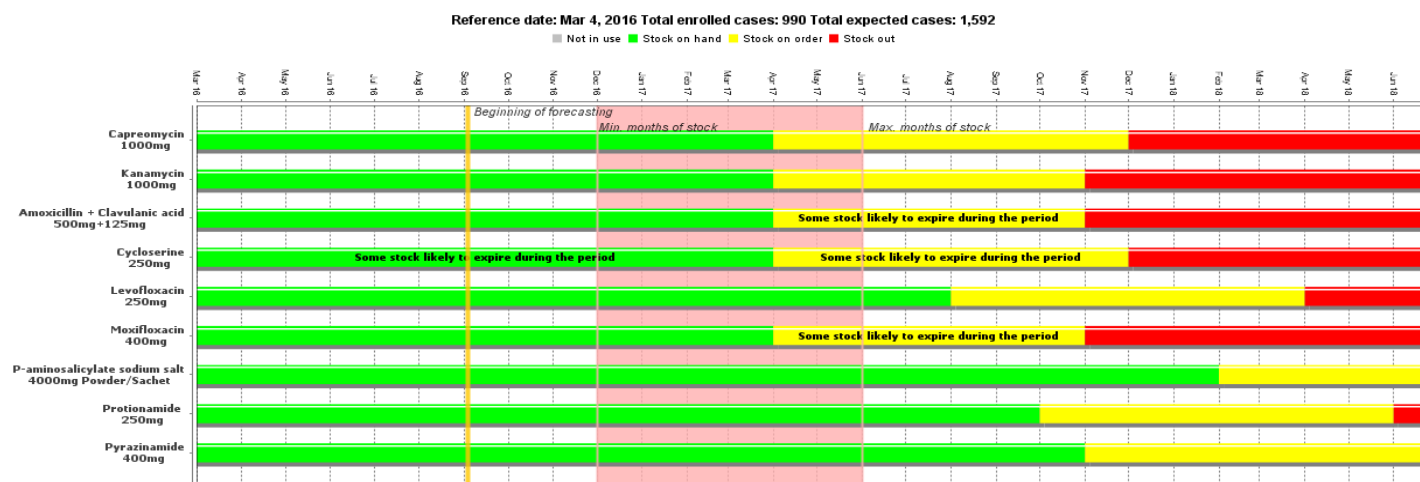


Fig 1. Dashboard of First Line Drug (FLD) of the national quantification using QuantTB tool

Short explanation of the dashboard: The vertical line is for the list of medicines to be forecasted; the horizontal line is the forecasting period.

Green means stock is on hand (and patients are using it), Yellow indicated quantity ordered, Red indicates the drugs is out if stock start that time and Grey means no patient is put in that drug (regimen). In an ideal situation the green in all the medicines need to be between the min and the max stock levels which is indicated as a light pink shade in the dashboard.

The tool also indicates (writes in letters) if we have some stock which is going to expire, be it in the green or yellow bars.

Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end			
Support development & implementation of eRR of TB, TB/HIV & MDR TB in phased manner including Piloting eRR at regional level	10.1.1	stakeholders meeting conducted & outcome of the workshop	Action plan developed & budgeted	Regional pilot implementation started	Experience shared and scale up plan drafted		N/A	Please ref to Q1 report

		documented						
RDQA implemented & monitored	10.1.2	Regional RDQA tool reviewed, incorporated in to SS	RDQA monitored quarterly	RDQA monitored quarterly	RDQA monitored quarterly	RDQA tool used for routine SS and mentoring	Met	SS report attached.
Build capacity of M & E staff in selected woredas /PHCU	10.1.3	1st round training on TB M & E per region conducted	2nd round training on TB M & E per region conducted	Supportive supervision & mentorship conducted	Supportive supervision & mentorship conducted	This was conducted in Q1 A total of 62 (F=30, M=32) HMIS staff in the two regions from health office & HF staff in two rounds trained on TB M & E. SS as part of the general TB SS has also been conducted in the 2 nd quarter.	Met	
Support use of GIS technology for program improvement	10.1.4	Key stakeholders meeting held on the use of GIS for TB program	National / regional M & E staff trained on GIS	Use of GIS at CTB regions monitored	Use of GIS at CTB regions monitored	Not done	Not met	Competing priorities for NTP & CTB staff. Early June planned to be conducted.
Support Data management system of PMDT	10.1.5	Review / assess data management for PMDT, ensure availability of R & R tools	2 rounds of training conducted on MDR-TB M & E for CTB supported sites	Regular SS & mentorship conducted in CTB sites	Regular SS & mentorship conducted in CTB sites	Conducted as part of the general MDR-TB training A total of 27, (F=3, M=24) in SNNP & 20 (F=7, M=13) in Tigray HCWs trained from woreda / zonal health office and TICs & TFCs	Met	The basic PMDT training, supportive supervision and PMDT panel team have been sensitized on the use of cohort review form during the quarterly catchment area meetings in the two regions.
Support TRAC and promote usage of OR results on high priority areas	10.2.1	National OR roadmap reviewed & updated (e.g. key population addressed)	Annual TRAC conference & regular members meeting supported	1 round of national OR training conducted	CTB regional OR team revitalized (TB OR prioritized & monitored)	Provided substantial supports (both technical & financial) for the organization of the annual TRAC Scientific conference and the commemoration of the	Met	

						2016 World TB days.		
Support TB OR grant scheme	10.2.2	Advertised for LOI on TB OR high priority areas	Selected & supported at least 5 TB OR	Monitored & supported the conduct & finalizing of OR	Results/findings of OR shared and disseminated	Six (6/19) were selected to submit full proposals, 5 have successfully submitted full proposal & considered for funding. Currently in the process of financial and administrative work.	Partially met	Six LOI were selected to submit full proposal, and one failed to do so. Therefore, there are 5 full proposal submitted.
Support participation at the Union conference for 4 authors presenting their findings, 2 NTP staff & 2 CTB staff	10.2.3	Identify & support the travel of 4 authors	Follow up on publication & dissemination	Monitor & provide TA	Support in disseminating study findings	First draft manuscript developed (1/4); [2 abstracts were from KNCV & 2 were from RHB].	Partially met	
Support NTP to conduct Urban MDR-TB initiative as part of OR activity (Gene Xpert testing of all presumptive TB cases in urban region)	10.2.4	Provide TA on the protocol development	Identify resource gap & support in the conduct of the study	Monitor & provide TA	Support in disseminating study findings	Not started.	Not met	NTP is focusing more on CTBC at the moment and activities in line with this are not started.
Conduct epi assessment to investigate current upward trend after the earlier decline, what is the true trend.	10.2.5				Assessment will be done in the last quarter of EFY.		N/A	

Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support FMOH/RHBs HRD strategy through strengthening annual operational planning and supportive supervision	11.1.1	Support Joint S.Supervision	Support Joint Supervision	Support Joint S.Supervision	Support Joint S.Supervision	Supportive supervisions have been conducted to selected facilities of CTB supported zones to address the major gaps identified	Met	

						during the baseline assessment. Participated in regional TB program specific supportive supervisions and review meeting		
Assist IRT to HEWs on the TB module	11.1.2	supportive supervision conducted	supportive supervision conducted	supportive supervision conducted	supportive supervision conducted	Finalization of community IRT material (TBL) National CTBC workshop and IRT TOT CTBC IRT ToT in SNNPR	Met	
Strengthen capacities of HITs	11.1.3		Review meeting conducted		Review meeting conducted		N/A	
Enhance Quality TB planning through Supporting Comprehensive TB, TB/HIV and PMDT plans at Woreda Based National planning (WBNP)	11.1.4			Support WBNP	Support WBNP		N/A	The woreda planning happens in 4th Q
support in-service training	11.1.5	first consultative meeting held		proof of concept piloted	curriculum agreed		N/A	This activity will not be done as it is beyond the mandate of CTB
Organize International Training	11.1.6	Organize the training					N/A	Moved to Q4 to be done by WHO.

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
ETH-607-GO6-T	B1	N/A	USD 150.2 m	USD 101.8m	
Investing for impact against Tuberculosis and HIV (July 2015 – Dec 2017)	B1	B1	58,177,462	10.2 million**	NA

** The NTP is expecting a disbursement of \$25 million in 2016 in six tranches and as of to date, \$10.2 million is received in two tranches.

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The new funding model for TB financial support has been signed in July 2015. The following are among the major challenges of GF implementation.

- Slow program implementation and fund utilization
 - low GF per diem rate – claimed as one of the factors affecting fund utilization
 - will affect disbursement of the remaining fund from annual commitment
- Delay in submission of technical and financial reports by RHBs to liquidate the fund after implementation
- Second line drugs and GeneXpert cartridges at risk of expiry, this is also of concern as it will affect the next disbursement of grants for procurement of anti-TB drugs and cartridge.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Global fund implementation has been enhanced by CTB support through gap identification and including it in the annual work plan of CTB support as well as general programmatic support such as supportive supervision, review meetings and capacity building of staff including GF seconded staff that will enable the overall goal of the NTP in addressing the burden of TB, TB/HIV and MDR-TB in the country.

CTB is participating in GF coordination through its coalition partner. Furthermore, there will be logistical support to USAID seconded staff to the NTP which is under recruitment.

4. Success Stories – Planning and Development

Planned success story title:	1. CTB regional support & expansion
Sub-objective of story:	11. Human resource development
Intervention area of story:	11.1. Qualified staff available and supportive supervisory systems in place
Brief description of story idea:	Programmatic management capacity in TB program at regional, zonal & woreda has been one of the main obstacle in the prevention & control efforts in the country, therefore, in decentralizing the support and the approach of Challenge TB could be an experience to share
Status update: In the process of building regional & lower level team, in order to ensure the implementation of planned intervention.	

Planned success story title:	1. Childhood TB integration at IMNCI clinic – feasibility & experience
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	Integrated approach of Childhood TB care and prevention activities at primary health care setting in the IMNCI clinic is a globally recommended but very limited experience available.
Status update: National policy & curriculum revised tools and protocol prepared. Addis Ababa city administration agreement with Challenge TB and buy-in from the TB program are in progress. Implementation expected to start in Q2.	

5. Quarterly reporting on key mandatory indicators

QuarterMDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011			NTP report cover: July – Sept 2015 (Q1) plus Oct – Dec 2015 (Q2) Total six month MDR-TB case detected=299 Number MDR-TB case SLD initiated = 249
Total 2012			
Total 2013			
Total 2014			
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			Programmatic introduction guide developed, CTB budgeted for the procurement of 15 patients BDQ & 5 patients DLM
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

		Reporting period					Comments
		Oct – Dec 2015 SNNPR	Oct-Dec- 2015 Tigray	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area(<i>List each CTB area below - i.e. Province name</i>)						Jan – Mar 2016 report not yet received
	Gedeo zone	537	South=368				
	Gamogoffa zone	436	Central=368				
	Kaffa zone	245	NW=214				
	Segen zone	105					
	TB cases (all forms) notified for all CTB areas (4 zones in SNNPR)	1,323	950				
	All TB cases (all forms) notified nationwide or regional (denominator)	5,972	1,749				
	% of national cases notified in CTB geographic areas	22.2%	54.3%				
Intervention (setting/population/approach)							
Community referral	CTB geographic focus for this intervention	SNNPR	Tigray				
	TB cases (all forms) notified from this intervention	1,029	465				
	All TB cases notified in this CTB area (denominator)	1,323	950				
	% of cases notified from this intervention	=78%	49%				
Children (0-14)		SNNPR					
	CTB geographic focus for this intervention		Tigray				
	TB cases (all forms) notified from this intervention	120	No Data				
	All TB cases notified in this CTB area (denominator)	1,323	No Data				
	% of cases notified from this intervention	9%	No data				
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q4					
1	KNCV	Valentina Anisimova		X			1.Support implementation of culture /DST(FLD, SLD DST testing) at EPHI, ALRT, St.Peter and Regional lab 2. Support QMS implementation	Cancelled			This STTA cancelled for reason that considering the possibility of getting the consultant input through distant support, as there is no much progress in the startup of the St. Peter and ALERT culture laboratories.
2	KNCV	MamelQuelapio			X		1. support implementation and scale up of new drug regimen and monitoring system, PMDT implementation at national and regional level 2. Review status of PMDT program at CoEs	Pending			Moved to Q 3 because of delay in the national implementation of new drug. Mamel Quelapio has provided distant support in reviewing the first draft new drug implementation plan.
3	KNCV	Max Meis		X			1. Conduct review on the status of TBIC in the country, identify gaps and come up with national support package, support enhanced TBIC (Design and install upper-room UVGI in high risk areas) 2.Support Contact investigation and ACF	Complete	23/01/2016	12 days inclusive of travel days.	*** Reported in Q1

4	MSH	Alaine Nyaruhirira		X			1. Support the AFB Smear Microscopy network accreditation plan development and implementation	Complete	19/03/2016	7 days including travel days.	
5								Choose an item.			
7								Choose an item.			
8								Choose an item.			
9								Choose an item.			
10								Choose an item.			
Total number of visits conducted (cumulative for fiscal year) 2											
Total number of visits planned in approved work plan4											
Percent of planned international consultant visits conducted 2/4 = 50%											

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.6. ETHIOPIA SPECIFIC: Status of National Policy for prisons		annually	National policy on prison TB is not available	yes	Measured annually	NTP and partners have started working with prison administration in a very limited area in the past two years. NTP has a plan to work with a clear policy & guidance
1.3.1. Patient delay	Geographic location-CTB supported	annually	30 days	15 days (study done in Addis Ababa)	Measured annually	Nationally available evidence on patient & provider delay will be systematically reviewed and documented
1.4.5. Provider delay	Geographic location-CTB supported	annually	5 days	3 days (study done in Addis Ababa)	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		annually	0	1	Measured annually	The national reference lab has its own general operational plan.
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		annually	8/9	9/9	Measured annually	
2.2.7. Number of GLI-approved TB microscopy		annually	9/11	11/11	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
network standards met						
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		quarterly	1360 (Presumptive MDR-TB cases identified from all high risk group as per the national policy)	TBD	Oct – Dec 2015 = 3,916 SNNPR = 303 Tigray = 84	National policy of DST is for those who are at higher risk of DR-TB, not for all confirmed TB cases. Therefore, data provided here is testing for those who are at higher risk.
2.4.1. GeneXpert machine coverage per population (stratified by Challenge TB, other)		annually	National = 31	TBD	Measured annually	CTB supported regions: A.A=3 Dire Dawa=1 Harari = 1 SNNPR = 20 Tigray = 7
2.6.4. # of specimens transported for TB diagnostic services		quarterly	Q-2 of APA2	TBD	This indicator is not reportable in Ethiopia/NTP	There is no data.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach		quarterly	134,343 (60%)	152,000 (68%)	Oct – Dec 2015: SNNPR = 5,972 (all forms) - children = 1,104 (18.5%) - Private sector : 330 (5.5%) Tigray = 1749 (all forms) - Children = 145 (8.3%) - Private sector: 129 (7.4%)	Though there is a huge difference in population size between the two regions (SNNP 20 million, Tigray 4 mill), the expected proportion of TB cases among children in Tigray is low. This has to be investigated as data quality problem.
3.1.4. Number of MDR-TB cases detected		quarterly	865 (216)	1350	Oct – Dec 2016: SNNPR = 22	RR plus confirmed

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					Tigray = 29	
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)		annually	0	10	Measured annually	(not nationally reported)
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		annually	90	95	Oct – Dec 2016: (same cohort of last year) SNNPR = 2817/2997 (94%) Tigray = 386/431 (89.6%)	
3.2.4. Number of MDR-TB cases initiating second-line treatment		quarterly	216	335	Oct – Dec 2016: SNNPR = 21 Tigray = 16	
3.2.7. Number and percent of MDR-TB cases successfully treated		annually	80	82	MDR-TB cases started on 2nd line treatment for whom 24 months outcome has been determined: SNNPR = n=19/21 ; (90.5%) Tigray = n= 16/26; (61.5%)	
3.2.8. #/% of PMDT sites reporting on treatment cohort status quarterly		quarterly	No data	8	Measured annually	(not nationally reported/monitored)

Sub-objective:	4. Targeted screening for active TB
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB		quarterly	30	50	No data	The revised TB register captured this information; however, it is not a reportable indicator for HMIS. The planned CTB support is to sensitize & avail tools so that information on this activity available at least in CTB supported regions.
4.2.1. Status of active case finding (0=no ACF policies or practices implemented; 1=policies or laws supporting ACF have been enacted; 2=ACF policy has been piloted/introduced in limited settings; 3=ACF policy implemented nationally)		annually	0	1	Measured annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)		quarterly	Q-2 of APA2	TBD	No data	The plan is to make it part of the Quall TB/standard of quality of Care tool and be collected during Supportive Supervision (during expanded CTB implementation). The Qual TB tool includes TBIC indicators.
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		annually	Obtain baseline data in selected demonstration hospitals in APA 2	TBD	Measured annually	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		quarterly	No data	20	No data	TB unit register capture the information but not reported to the next higher level.
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy		quarterly	1650	2000	No data	There is no national LTBI treatment register. Adaptation & scaled up use of HEALTB IPT register is the planned activity in Y2.

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.3.3. ETHIOPIA SPECIFIC: Measure implementation of NSP		annual	Q-2 of APA 2	TBD	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annual	APA-2 (obtain info from USAID/PHSP)	TBD	Measured annually	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership		annually	0	TBD		
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	APA2	TBD	Measured annually	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.2.1. Global Fund grant rating		annually	B1	A2	B1	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		Quarterly and annually	Q-1 of APA-2	TBD		

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system		annually	1	2	1	Ministry wants for an integrated eRR (not disease specific), therefore, they will call for key stakeholders to support the activity when ready to start.
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	no	no	no	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	Q-1 of APA-2	TBD	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	Q-1 of APA-2	TBD	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	by sex and technical area	quarterly	974 (F=293) annual APA1	1300	Oct 2015 – Mar 2016 242 (F=69)	Total = 242 Community TB (IRT TOT) = 48 (F=2) TB lab = 135 (F=46) Comprehensive TBL, TB/HIV = 24 (F=6) DSM = 35 (F=15)
11.1.5. % of USAID TB funding directed to local partners		annually	APA2	TBD	Measured annually	

Annexes: (Joint Supportive Supervision reports of CTB supported regions, Tigray and SNNPR)

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